

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:51

**DOCUMENT # F19946 (5)**  
1. Corporation Name  
**SERVI-EDIT INTERNATIONAL, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **6355 NW 36TH ST. VIRGINIA GARDENS FL 33166-7027**  
Mailing Address: **6355 NW 36TH ST. VIRGINIA GARDENS FL 33166-7027**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification <b>02/17/1981</b>		3a. Date of Last Report <b>04/26/1994</b>	
4. FEI Number <b>59-2052341</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for damages under S. 390.152 Florida Statute <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SPENCER, THOMAS R., JR. 801 BRICKELL AVENUE, SUITE #1901 MIAMI FL 33131</b>				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number or Not Applicable)			
				83. City			
				84. State		<b>FL</b>	
				85. Zip Code			

11. Pursuant to the provisions of the laws of Florida and all other Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required by part 1 of this statement. Such change was authorized by the corporation's board of directors, thereby, and the appointment is reported upon. I am filing with you and you are the complete and correct version of this Florida Statute.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ASSISTANTS, MANAGERS, SECRETARIES, AND OTHER EMPLOYEES	
NAME <b>DCEP GONZALEZ-LEWIS, GUSTAVO 6355 NW 36 STR VIRGINIA GDNS FL</b>	POSITION <b>S</b>	NAME <b>Assistant Secretary Ada G. Llerena, Esq. 6355 N.W. 36th Street Virginia Gardens, FL. 33166</b>	POSITION <b>X Assistant</b>
NAME <b>SPENCER, THOMAS R., JR. 801 BRICKELL AVE. #1901 MIAMI FL 33131</b>	POSITION <b>VD</b>		
NAME <b>FREUDE, MARIO A 6355 NW 36 STR VIRGINIA GDNS FL 33166</b>	POSITION <b>VD</b>		
NAME <b>MODIA, CARLOS M 6355 NW 36 STR VIRGINIA GDNS FL 33166</b>	POSITION <b>VD</b>		
NAME	POSITION	NAME	POSITION
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14. I, the undersigned, certify that the information supplied with this filing is true and correct, and is not equally for this filing for. I filed this statement with you on the date of filing, and I am not aware of any change in the information supplied with this filing. I am not aware of any change in the information supplied with this filing. I am not aware of any change in the information supplied with this filing.

SIGNATURE: *Mario A. Freude*  
**Mario A. Freude, Vicepresident**  
4/26/95 (305) 971-6400